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**WINDSOR**  **ACADEMY**  
**EDUCATIONAL CAMPUS**

[www.windsoracademy.org](http://www.windsoracademy.org)

**REGISTRATION INFORMATION**

**2017-2018**

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

**Birthdate** (month/day/year) \_\_\_\_\_

Local School District \_\_\_\_\_ Grade or Program as of September \_\_\_\_\_

**Home Address** \_\_\_\_\_  
\_\_\_\_\_

**Home Telephone Number(s)** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Parent's Name** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_  
\_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

Any other adults who live in the home (step-parent, significant other, etc.):  
\_\_\_\_\_ Occupation/telephone# \_\_\_\_\_

Brothers and Sisters/ages: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS AND TELEPHONE NUMBERS:** (In case of an emergency, **there must be a local contact person** who can pick up your child.)  
\_\_\_\_\_  
\_\_\_\_\_

**\*Does your child have any specific medical, physical, or emotional problems we should know about? (include allergy information)\_\_\_\_\_**

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Is your child now receiving any special services? (Specify which ones)\_\_\_\_\_

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Is your child classified through Early Intervention, CSE or CPSE\_\_\_\_\_

Religious observance restrictions (dietary, holidays, etc.)\_\_\_\_\_

Any languages besides English spoken in the home\_\_\_\_\_

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**A \$25.00 deposit for each security key is required (no key for UPK families).**

**\*An updated immunization record and indication of your child's most recent physical is required. Please be sure both are signed and dated by the doctor. No child will be permitted to enter school in September without both documents in place.**

**A school handbook with tuition policy statement will be issued to each family. It is also available on our website. You will be asked to sign a consent and release form (contract) indicating that you have read and accept the policies and procedures at the Windsor Academy.**

**The Student Information Form needs to be submitted.**

**The following people are given permission to pick up my child from school:**

Name	Relationship	Telephone #
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**\*\*Photocopies of parents' driver's licenses required.**

**\*\*Photocopies of licenses for all other adults authorized to pick up your child are also required.**

**I have read all the information in this registration form and will comply with all the requirements.**

**Date: \_\_\_\_\_**

**\*\* Parent/Guardian Signature: \_\_\_\_\_**

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